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Bib Data Sheet

CONFIRMATION NO. 1371

<b>SERIAL NUMBER</b> 10/068,870	<b>FILING DATE</b> 02/11/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> P67635US0
<b>APPLICANTS</b> Henry J. Windle, Dublin, IRELAND; Rachael Doyle, Dublin, IRELAND; Dermot Kelleher, Dublin, IRELAND; James Bernard Walsh, Dublin, IRELAND; Deirdre Ni Eidhin, Dublin, IRELAND;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> IRELAND 2001/0137 02/09/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/28/2002</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 66
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 24		
<b>ADDRESS</b> 00136				
<b>TITLE</b> Clostridium difficile vaccine				
<b>FILING FEE RECEIVED</b> 1666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	